



Kent Joint Strategic Needs Assessment (Kent JSNA)

## Kent 'Carers' JSNA Chapter Summary Update '2013-14'

Contact: [Steve.Lusk@kent.gov.uk](mailto:Steve.Lusk@kent.gov.uk)

Website: [www.kpho.org.uk](http://www.kpho.org.uk)

## Carers JSNA 2013/14

### Introduction

This chapter is a summary of the Carers Needs Assessment and focuses on the prevalence of carers; the impact caring has on people's lives and health and what carers tell us about their caring role. The Kent JSNA 2008 identified carers as an area for further investigation.

### Carers Definition

Kent County Council's agreed definition of a carer is: *'A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'*.

There are many reasons why people take on the caring role. People who care do so because they want to; they care out of love and duty and in doing so, they may not regard themselves as carers but simply as a family member or friend. This means that some people may not declare themselves as a carer and therefore, may not be known to us. Nonetheless, caring is an important factor in community life and one of the foundations of a strong and sustainable society. It can be a demanding role and one that often, people are ill prepared for.

Carers' data has been taken from the 2011 census. This is the most recent carer data available. Some national data has been extrapolated to make comparisons in Kent and in order to enable more meaningful analysis of districts within the KCC area.

### Key issues and gaps

Due to the nature of caring, as previously described, many carers do not self-declare and consider their 'caring role' to be just a part of being a mother, father, sibling, wife, husband, partner or friend. Once again, this makes collecting data problematic and impacts upon the amount of data held both locally and nationally.

### 1) Who's at risk and why?

One in ten of us will become a carer at some point in our lives and this figure is growing all the time as the population ages.

The types of care people provide is diverse, as many people take on multiple caring roles, for example, caring for ageing parents and disabled children. Increasing numbers of pensioners also now care for their partners and their grandchildren.

There are almost seven million carers in the UK – that is one in ten people and is rising. Many carers juggle part or full-time work with looking after someone; and several are in the prime of their working lives. For some carers, the intensity of their role makes it impossible for them to combine their caring role with paid employment and consequently, they fall out of the job market.

Mosaic analysis shows that a large proportion of known carers will be made up of:

- Deprived families on low incomes with poor employment prospects and a heavy reliance on welfare. They are also more likely to be young, large families in publicly rented housing on the peripheral estates of social housing, with a poor diet and heavy smokers
- Pensioners and older people, some of whom are working and living on low incomes with high care needs. They will have poor overall health and are the second most likely to be suffering long-term illness. Representing only 10 per cent of Kent's population, they are the highest users of adult domiciliary care. They are likely to live in seaside resorts such as Broadstairs and Westgate on Sea.

## **2) The level of need in the population**

### **Carers – The National Picture**

There were approximately 5.8 million people providing unpaid care in England and Wales in 2011, representing just over one tenth of the population.

The absolute number of unpaid carers has grown by 600,000 since 2001; the largest growth was in the highest unpaid care category, fifty or more hours per week.

Unpaid care has increased at a faster pace than population growth between 2001 and 2011 in England and Wales. Every year in the UK, over 2.3 million adults become carers.

Out of the UK's carers, 42% of carers are men and 58% are women. The economic value of the contribution made by the carers in the UK is £119bn per year. Over the next 30 years, the number of carers will increase by 3.4 million (around 60%). The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50% to 1.9 million over the next decade.

### **Carers' in Kent**

In 2011 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%.

Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% or 15,502 residents. Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% or 10,539 people.

The provision of unpaid care is a key indicator of care needs and has important implications for the planning and delivery of health and social care services.

- In Kent, the majority of unpaid carers (64.2%) provide care for less than 20 hours a week. This proportion is lower than the regional average of 68.1% but slightly higher than the national average of 63.6%.
- 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.
- Ages 50 to 64 provide the highest proportion of unpaid care for both men and women.

- 96.0% of unpaid carers are from the White ethnic group.
- 9,197 or 6.1% of people who provide unpaid care report bad or very bad health.
- 56.9% of unpaid carers are economically active. This proportion is a lower than the regional average of 40.8% and the national average of 42.1%.

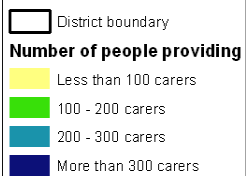
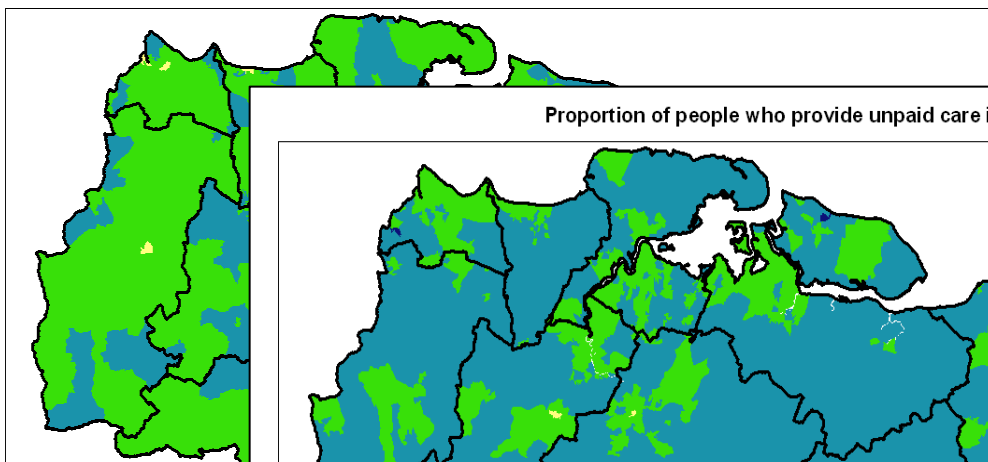
**Table 1: Provision of unpaid in Kent districts, the South East and England in 2011**

	All People	Provides no unpaid care		Provides unpaid care	
		Number	%	Number	%
England	53,012,456	47,582,440	89.8%	5,430,016	10.2%
South East	8,634,750	7,787,397	90.2%	847,353	9.8%
Kent	1,463,740	1,311,963	89.6%	151,777	10.4%
Ashford	117,956	106,137	90.0%	11,819	10.0%
Canterbury	151,145	135,562	89.7%	15,583	10.3%
Dartford	97,365	88,146	90.5%	9,219	9.5%
Dover	111,674	99,020	88.7%	12,654	11.3%
Gravesham	101,720	91,410	89.9%	10,310	10.1%
Maidstone	155,143	139,582	90.0%	15,561	10.0%
Sevenoaks	114,893	102,948	89.6%	11,945	10.4%
Shepway	107,969	95,663	88.6%	12,306	11.4%
Swale	135,835	121,577	89.5%	14,258	10.5%
Thanet	134,186	118,684	88.4%	15,502	11.6%
Tonbridge & Malling	120,805	108,724	90.0%	12,081	10.0%
Tunbridge Wells	115,049	104,510	90.8%	10,539	9.2%
Medway	263,925	238,892	90.5%	25,033	9.5%
Kent & Medway	1,727,665	1,550,855	89.8%	176,810	10.2%

Source: 2011 Census: Key Statistics Table 301, Office for National Statistics (ONS) © Crown Copyright  
Presented by Business Intelligence, Research & Evaluation, Kent County Council

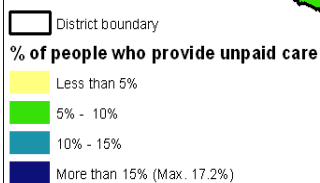
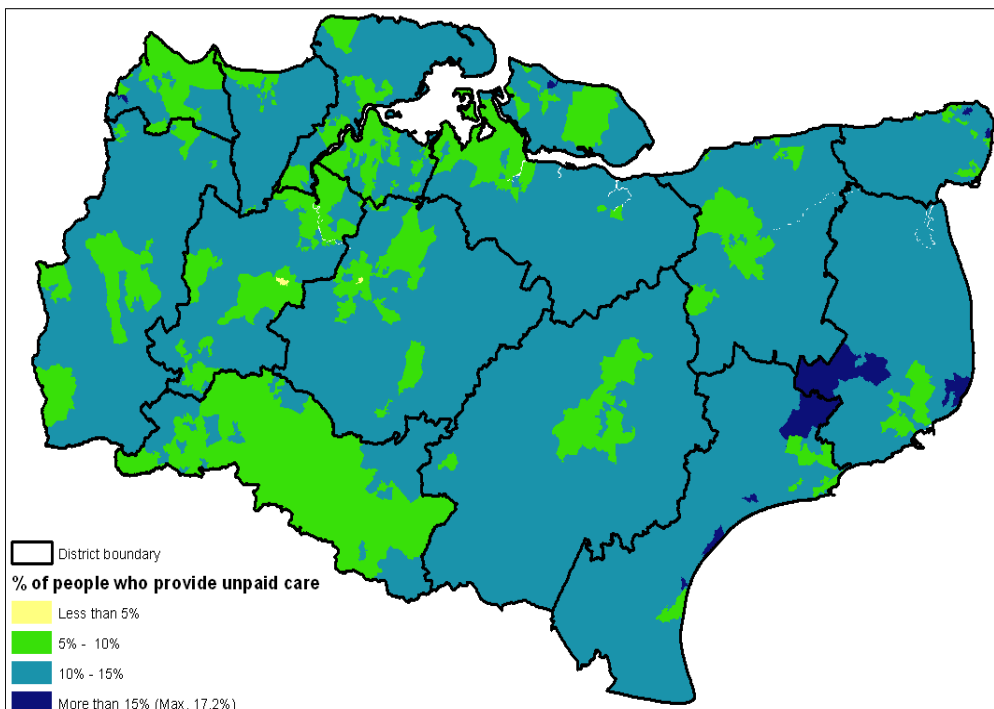
**Maps 1 and 2 show the number and proportion of people who provide unpaid care in Kent.**

Number of people who provide unpaid care in Kent



Source: ONS, Office for National Statistics  
This map produced by Business Intelligence

Proportion of people who provide unpaid care in Kent



Source: ONS, Office for National Statistics  
This map produced by Business Intelligence, Kent County Council © Crown Copyright and database right 2013, Ordnance Survey 100019238

## 2001 to 2011 change in limiting long-term illness

The changes to the questions between the two censuses mean that a direct comparison for limiting long term illness is not available.

By adding the two 2011 categories, 'people whose day to day activities are limited a lot' and 'people whose day to day activities are limited a little' we can compare the result with the 2001 categories of 'People with a limiting long term illness'. The results are presented in *Table 2* and shows that the percentages are very similar to those of the 2001 Census.

*Table 3* presents the 2001 to 2011 change in limiting long-term illness based on the aggregation of the 2011 categories to 2001 categories.

The increase in population who have a limiting long-term illness and those who do not have a limiting long -term illness is comparable with the overall increase in total population. However, Kent saw a slightly greater percentage increase in population with a limiting long-term illness than the South East and England.

Within the Kent local authority districts only Tunbridge Wells saw a higher percentage increase in population without a limiting long-term illness than the percentage increase in population with a limiting long-term illness.

**Table 2: 2011 population by 2001 limiting long-term illness categories**

	All People	People with a limiting long-term illness		People without a limiting long-term illness	
		Number	% change	Number	% change
England	53,012,456	9,352,586	17.6%	43,659,870	82.4%
South East	8,634,750	1,356,204	15.7%	7,278,546	84.3%
Kent	1,463,740	257,038	17.6%	1,206,702	82.4%
Ashford	117,956	19,085	16.2%	98,871	83.8%
Canterbury	151,145	27,318	18.1%	123,827	81.9%
Dartford	97,365	14,735	15.1%	82,630	84.9%
Dover	111,674	23,257	20.8%	88,417	79.2%
Gravesham	101,720	17,342	17.0%	84,378	83.0%
Maidstone	155,143	24,505	15.8%	130,638	84.2%
Sevenoaks	114,893	17,091	14.9%	97,802	85.1%
Shepway	107,969	22,718	21.0%	85,251	79.0%
Swale	135,835	25,322	18.6%	110,513	81.4%
Thanet	134,186	31,348	23.4%	102,838	76.6%
Tonbridge & Malling	120,805	17,946	14.9%	102,859	85.1%
Tunbridge Wells	115,049	16,371	14.2%	98,678	85.8%
Medway	263,925	43,354	16.4%	220,571	83.6%
Kent & Medway	1,727,665	300,392	17.4%	1,427,273	82.6%

Source: 2011 Census: Key Statistics Table 301, Office for National Statistics (ONS) © Crown Copyright

Presented by Business Intelligence, Research & Evaluation, Kent County Council

**Table 3: 2001 to 2011 Change in limiting long-term illness**

	People with a limiting long-term illness		People without a limiting long-term illness	
	2001-2011 change	% change	2001-2011 change	% change
England	543,392	6.2%	3,330,233	8.3%
South East	118,805	9.6%	515,300	7.6%
Kent	27,429	11.9%	106,593	9.7%
Ashford	2,557	15.5%	12,738	14.8%
Canterbury	1,814	7.1%	14,053	12.8%
Dartford	1,758	13.5%	9,696	13.3%
Dover	1,798	8.4%	5,310	6.4%
Gravesham	1,737	11.1%	4,266	5.3%
Maidstone	3,344	15.8%	12,851	10.9%
Sevenoaks	1,286	8.1%	4,302	4.6%
Shepway	2,992	15.2%	8,739	11.4%
Swale	3,699	17.1%	9,335	9.2%
Thanet	2,310	8.0%	5,174	5.3%
Tonbridge & Malling	2,848	18.9%	10,396	11.2%
Tunbridge Wells	1,286	8.5%	9,733	10.9%
Medway	4,370	11.2%	10,067	4.8%
Kent & Medway	31,799	11.8%	116,660	8.9%
	2011 people whose day to day activities are limited a lot & a little minus 2001 people with a limiting long-term illness		2011 people whose day to day activities are not limited minus 2001 people without a limiting long-term illness	

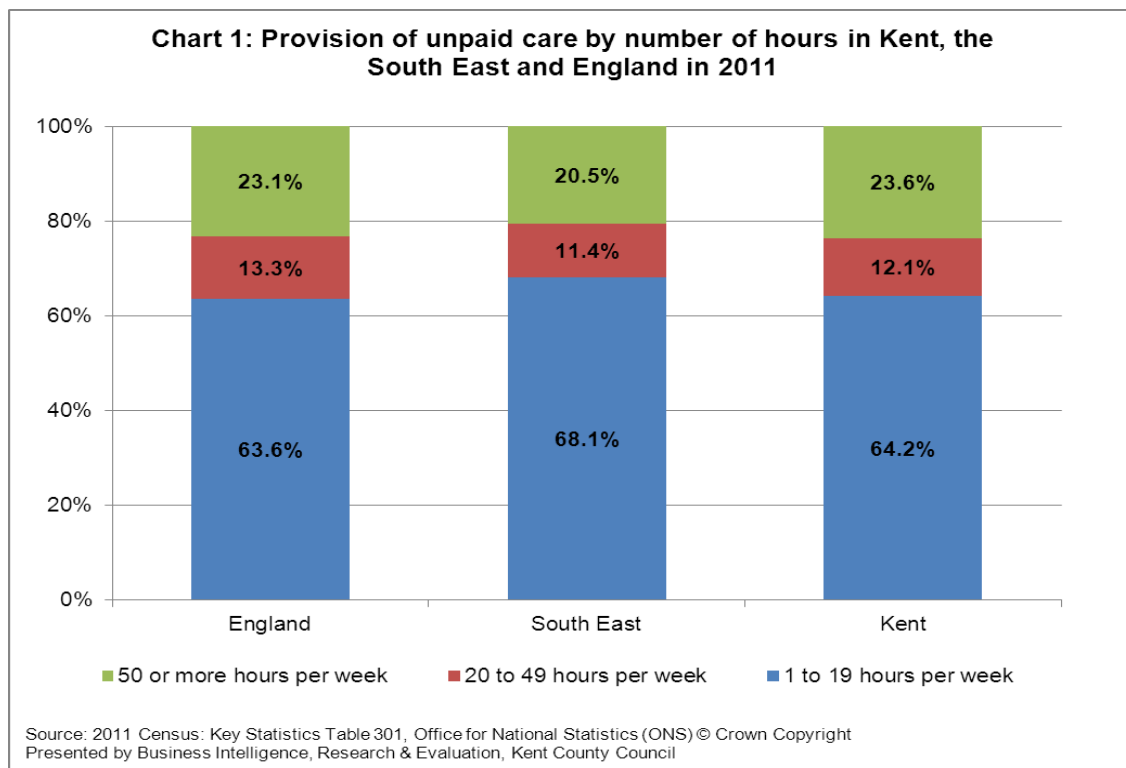
Source: 2001 Census: Key Statistics table KS08, 2011 Census Key Statistics table 30, 10Office for National Statistics (ONS) © Crown Copyright  
Presented by Business Intelligence, Research & Evaluation, Kent County Council

### Provision of unpaid care by number of hours

The majority of unpaid carers in Kent provide care for less than 20 hours a week. A total of 97,464 people provide care for this amount of time which is 64.2% of all carers in Kent. This proportion is lower than the regional average of 68.1% but slightly higher than the national average of 63.6%

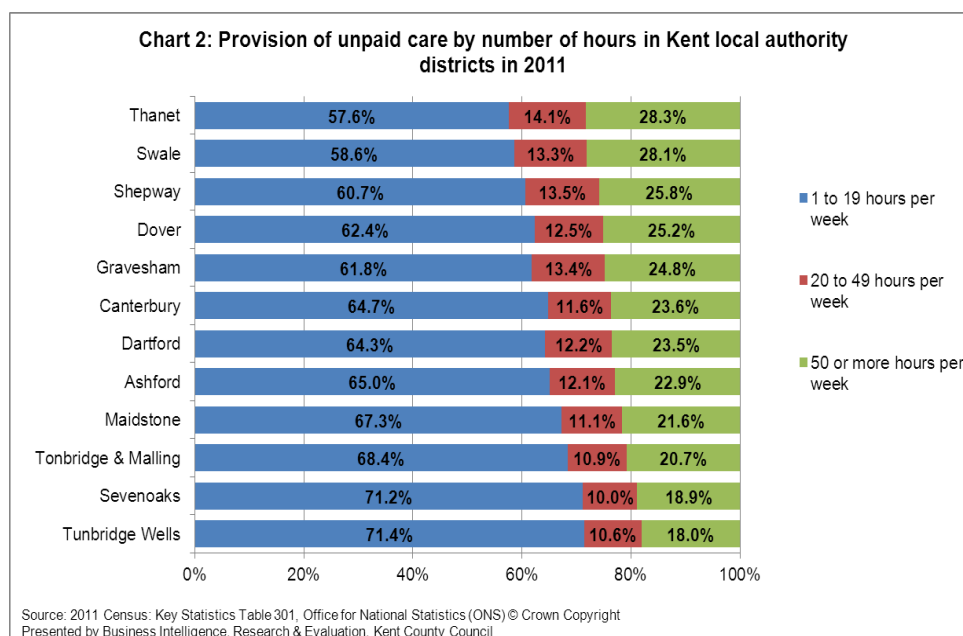
In Kent, 35,881 people or 23.6% of all unpaid carers provide care for 50 or more hours a week. This proportion is higher than the regional average of 20.5% and the national average of 23.1%.

**Chart 1 presents the population by provision of unpaid care by number of hours for Kent, the South East region and England**



Within the Kent local authority districts, Thanet has the highest proportion of carers who provide care for 50 or more hours per week. 4,387 unpaid carers in Thanet provide care for this amount of time. This is equal to 28.3% of all unpaid carers in Thanet.

**Chart 2 presents the population by provision of unpaid care by number of hours for Kent local authority districts.**





## 2001 to 2011 change in provision of unpaid care

In 2001 9.7% Kent's total population were providing unpaid care. This proportion was slightly higher than the South East figure of 9.2% but lower than the England figure of 9.9%.

In 2011 10.4% Kent's total population were providing unpaid care. This proportion is now higher than both the South East figure of 9.8% and the England figure of 10.2%.

Although the increase in proportion of total population who are providing unpaid care seems quite small, the number of people providing the unpaid care in Kent has increase by 23,253 people in the past ten years. This is equal to an 18.1% increase in unpaid carers in Kent between 2001 and 2011.

Table 4 presents the number and percentage change in population who provide unpaid care between 2001 and 2011 in Kent local authority district population compared to that of Kent, the South East Region and England

**Table 4: 2001 to 2011 change: Provision of unpaid care in Kent districts, the South East and England in 2011**

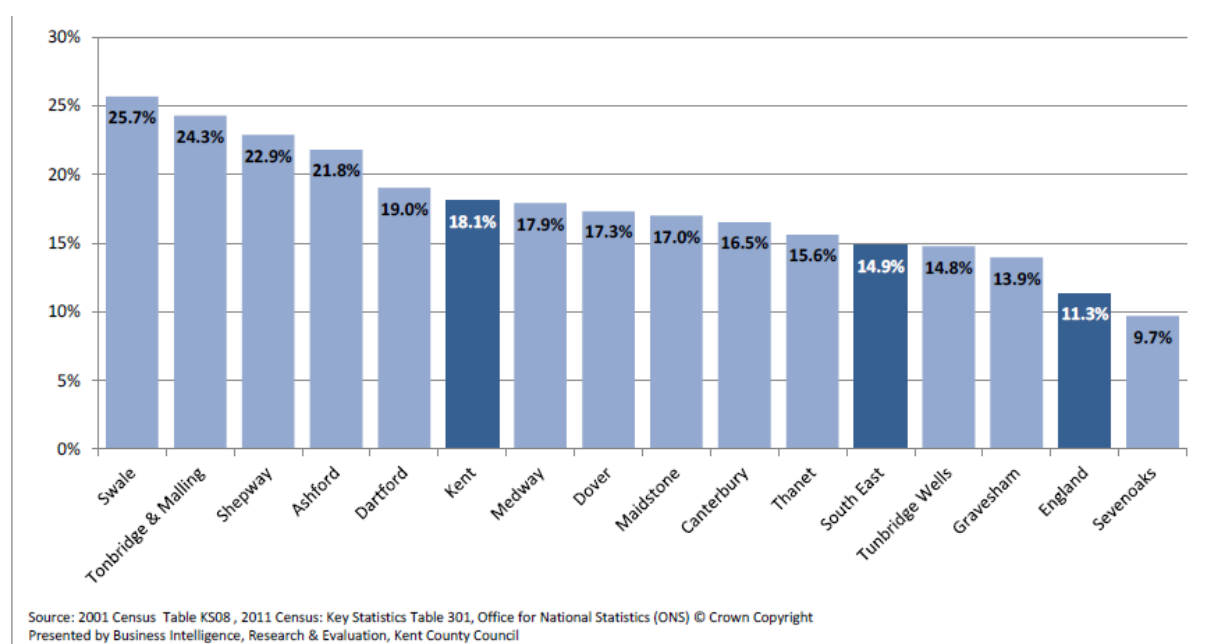
	ALL people who provide unpaid care					
	2001		2011		2001-11 change	
	Total providing unpaid care	% of total population	Total providing unpaid care	% of total population	Change in total providing unpaid care	% change in total providing unpaid care
England	4,877,060	9.9%	5,430,016	10.2%	552,956	11.3%
South East	737,751	9.2%	847,353	9.8%	109,602	14.9%
Kent	128,524	9.7%	151,777	10.4%	23,253	18.1%
Ashford	9,705	9.5%	11,819	10.0%	2,114	21.8%
Canterbury	13,375	9.9%	15,583	10.3%	2,208	16.5%
Dartford	7,746	9.0%	9,219	9.5%	1,473	19.0%
Dover	10,787	10.3%	12,654	11.3%	1,867	17.3%
Gravesham	9,048	9.5%	10,310	10.1%	1,262	13.9%
Maidstone	13,300	9.6%	15,561	10.0%	2,261	17.0%
Sevenoaks	10,890	10.0%	11,945	10.4%	1,055	9.7%
Shepway	10,015	10.4%	12,306	11.4%	2,291	22.9%
Swale	11,344	9.2%	14,258	10.5%	2,914	25.7%
Thanet	13,410	10.6%	15,502	11.6%	2,092	15.6%
Tonbridge & Malling	9,721	9.0%	12,081	10.0%	2,360	24.3%
Tunbridge Wells	9,183	8.8%	10,539	9.2%	1,356	14.8%
Medway	21,491	8.6%	25,033	9.5%	3,542	16.5%
Kent & Medway	150,015	9.5%	176,810	10.2%	26,795	17.9%

Source: 2001 Census Table KS08 and 2011 Census: Key Statistics Table 301, Office for National Statistics (ONS) © Crown Copyright  
Presented by Business Intelligence, Research & Evaluation, Kent County Council

Within the Kent local authority districts Swale has experienced the greatest percentage increase of people who provide unpaid care between 2001 and 2011 with a rise 25.7%. This is equal to an extra 2,914 people providing unpaid care in 2011 compared to 2001.

Sevenoaks saw the smallest percentage increase of people who provide unpaid care between 2001 and 2011 with a rise Of 9.7%. This is equal to an extra 1,055 people providing unpaid care in 2011 compared to 2001.

**Chart 3: presents the percentage change in population who provide unpaid care in the Kent local authorities Kent, the South East and England.**



### 2001 to 2011 change in provision of unpaid care by number of hours

The proportion of unpaid carers in Kent who provide care for less than 20 hours a week dropped from 71% in 2001 to 64.2% in 2011. This is in contrast to the proportion of unpaid carers in Kent who provide care for between 20 to 29 hours a week which increased from 9.3% in 2001 to 12.1% in 2011, and those who provide care for more than 50 hours a week which also increased from 19.7% in 2001 to 23.6% in 2011.

This pattern is comparable across the Kent local authority districts and at the regional and national level.

The number and proportion of unpaid carers by the number of hours for the Kent local authority districts, Kent, the South East and England for 2001, 2011 and the subsequent change is presented in Table 5.

**Table 5: 2001 – 2011 change: Provision of unpaid care by number of hours in Kent districts, the South East and England in 2011**

	Providing care for 1 to 19 hours per week						Providing care for 20 to 49 hours per week						Providing care for 50 or more hours per week					
	2001		2011		2001-11 change		2001		2011		2001-11 change		2001		2011		2001-11 change	
	Number	% of all unpaid carers	Number	% of all unpaid carers	Number	% change in number of unpaid carers	Number	% of all unpaid carers	Number	% of all unpaid carers	Number	% change in number of unpaid carers	Number	% of all unpaid carers	Number	% of all unpaid carers	Number	% change in number of unpaid carers
England	3,347,531	68.6%	3,452,636	63.6%	105,105	3.1%	530,797	10.9%	721,143	13.3%	190,346	35.9%	998,732	20.5%	1,256,237	23.1%	257,505	25.8%
South East	541,905	73.5%	577,114	68.1%	35,209	6.5%	65,693	8.9%	96,883	11.4%	31,190	47.5%	130,153	17.6%	173,356	20.5%	43,203	33.2%
Kent	91,247	71.0%	97,464	64.2%	6,217	6.8%	11,979	9.3%	18,432	12.1%	6,453	53.9%	25,298	19.7%	35,881	23.6%	10,583	41.8%
Ashford	6,968	71.8%	7,686	65.0%	718	10.3%	875	9.0%	1,428	12.1%	553	63.2%	1,862	19.2%	2,705	22.9%	843	45.3%
Canterbury	9,413	70.4%	10,089	64.7%	676	7.2%	1,273	9.5%	1,815	11.6%	542	42.6%	2,689	20.1%	3,679	23.6%	990	36.8%
Dartford	5,548	71.6%	5,927	64.3%	379	6.8%	730	9.4%	1,126	12.2%	396	54.2%	1,468	19.0%	2,166	23.5%	698	47.5%
Dover	7,336	68.0%	7,892	62.4%	556	7.6%	1,088	10.1%	1,579	12.5%	491	45.1%	2,363	21.9%	3,183	25.2%	820	34.7%
Gravesham	6,339	70.1%	6,371	61.8%	32	0.5%	937	10.4%	1,383	13.4%	446	47.6%	1,772	19.6%	2,556	24.8%	784	44.2%
Maidstone	9,957	74.9%	10,472	67.3%	515	5.2%	1,089	8.2%	1,728	11.1%	639	58.7%	2,254	16.9%	3,361	21.6%	1,107	49.1%
Sevenoaks	8,422	77.3%	8,501	71.2%	79	0.9%	835	7.7%	1,190	10.0%	355	42.5%	1,633	15.0%	2,254	18.9%	621	38.0%
Shepway	6,890	68.8%	7,465	60.7%	575	8.3%	1,004	10.0%	1,663	13.5%	659	65.6%	2,121	21.2%	3,178	25.8%	1,057	49.8%
Swale	7,425	65.5%	8,351	58.6%	926	12.5%	1,153	10.2%	1,897	13.3%	744	64.5%	2,766	24.4%	4,010	28.1%	1,244	45.0%
Thanet	8,520	63.5%	8,925	57.6%	405	4.8%	1,489	11.1%	2,190	14.1%	701	47.1%	3,401	25.4%	4,387	28.3%	986	29.0%
Tonbridge & Malling	7,314	75.2%	8,258	68.4%	944	12.9%	795	8.2%	1,321	10.9%	526	66.2%	1,612	16.6%	2,502	20.7%	890	55.2%
Tunbridge Wells	7,115	77.5%	7,527	71.4%	412	5.8%	711	7.7%	1,112	10.6%	401	56.4%	1,357	14.8%	1,900	18.0%	543	40.0%
Medway	14,504	67.5%	15,001	59.9%	497	3.4%	2,202	10.2%	3,348	13.4%	1,146	52.0%	4,785	22.3%	6,684	26.7%	1,899	39.7%
Kent & Medway	105,751	70.5%	112,465	63.6%	6,714	6.3%	14,181	9.5%	21,780	12.3%	7,599	53.6%	30,083	20.1%	42,565	24.1%	12,482	41.5%

Source: 2001 Census Table KS08 and 2011 Census: Key Statistics Table 301, Office for National Statistics (ONS) © Crown Copyright  
Presented by Business Intelligence, Research & Evaluation, Kent County Council

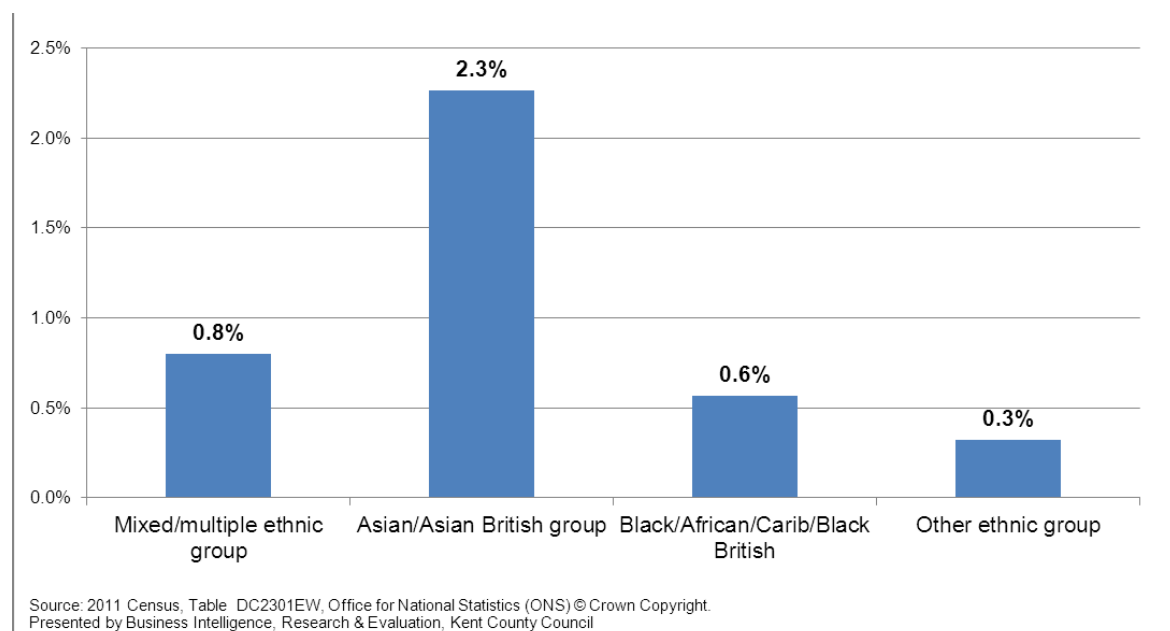
## Black and Minority Ethnic Groups

Of the 151,777 unpaid carers in Kent, 145,768 are from the White group, which is equal to 96.0% of all unpaid carers. There are 6,009 unpaid carers from Black and Minority ethnic (BME) groups, which is equal to 4.0% of all unpaid carers in Kent.

The largest BME group in Kent is the Asian/Asian British group. There are 3,440 carers in the Asian/Asian British group, which is equal to 2.3% of all carers.

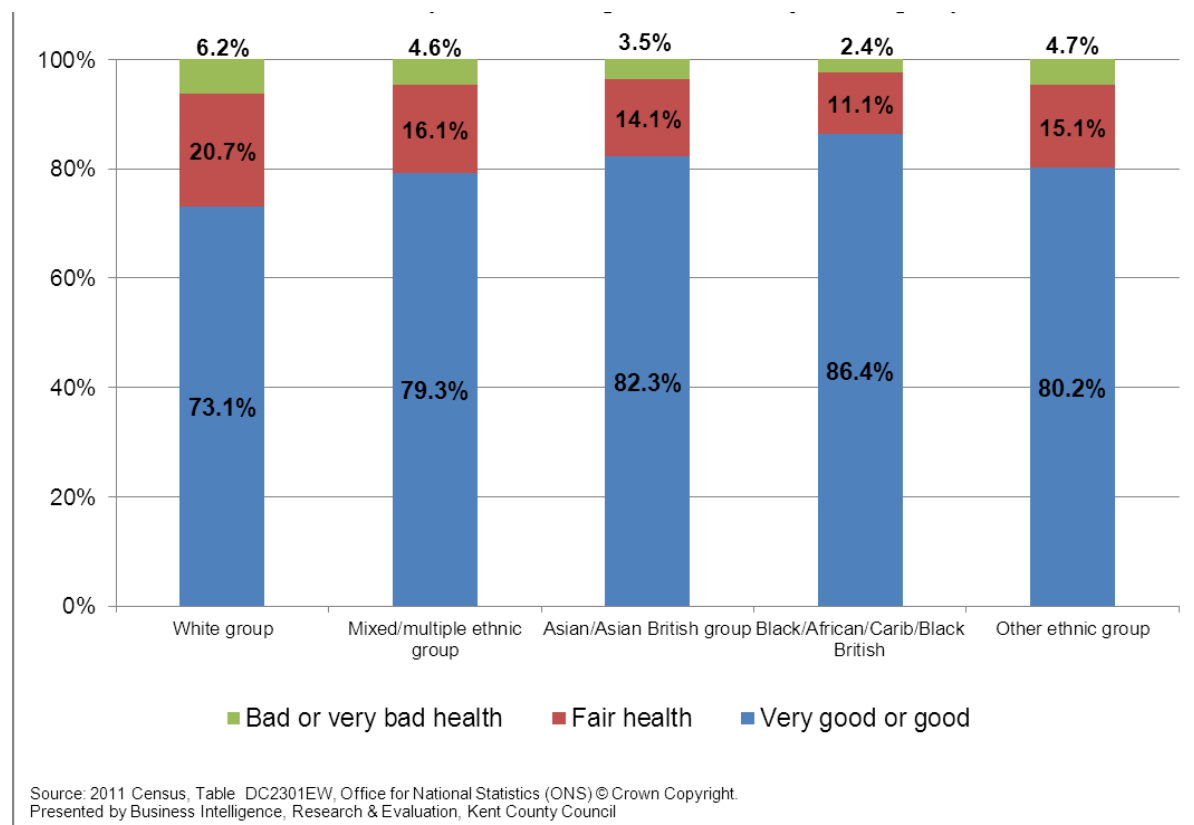
1,523 carers are Indian and account for the single largest BME group in Kent, which is equal to 1.0% of all carers.

**Chart 4: presents the proportion of unpaid carers in Kent by each BME ethnic group.**



In Kent, 6.2% of carers in the White ethnic group have bad or very bad health, which is higher than all other BME groups.

**Chart 5: presents the general health of those who provide unpaid care in Kent by ethnic group.**



## Impact of Caring

### Unpaid carers by sex and age in Kent

The number of unpaid carers is currently available by the following broad age groups:

- All Ages
- Age 0 to 24
- Age 25 to 49
- Age 50 to 64
- Age 65 and over

Research shows that caring impacts negatively on outcomes for carers. Age and hours caring can both impact on the health of carers.

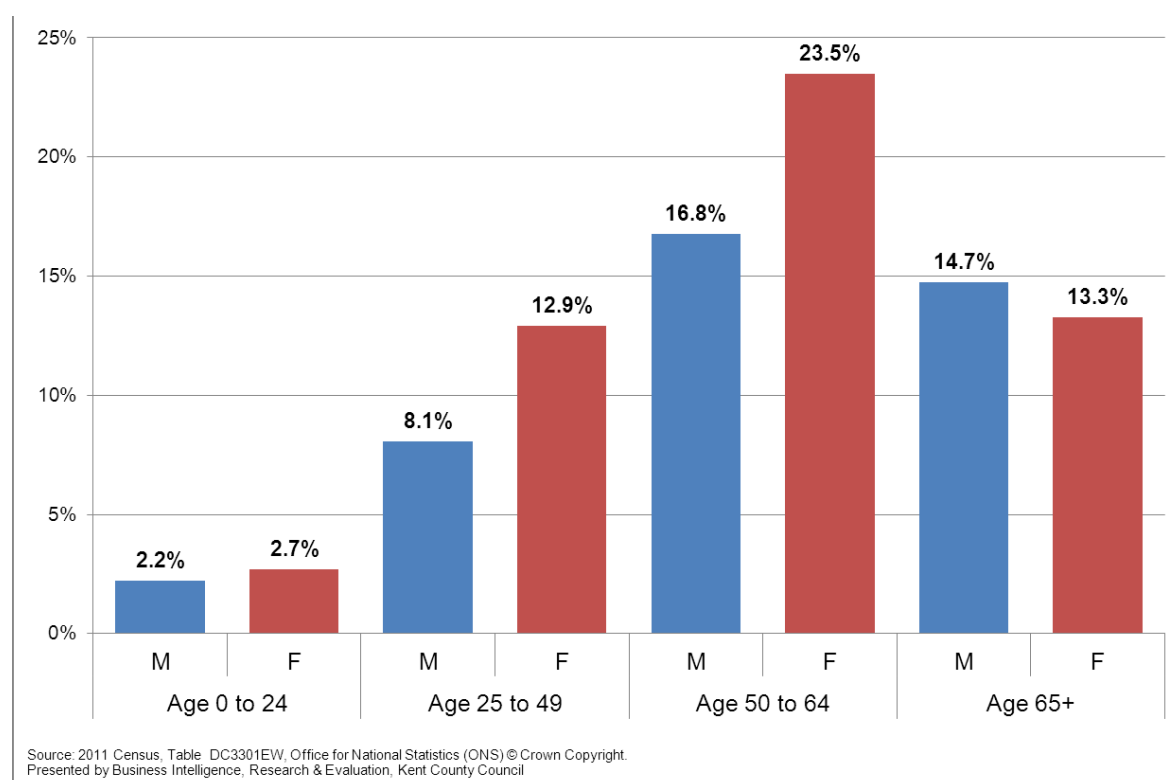
Theme Tables by age will show the number of people who provide unpaid care and the number of hours for more detailed age groups.

Of the 151,112 unpaid carers in Kent, 88,164 or 58.3% are female and 62,948 or 41.7% are male. This is a similar proportion seen regionally and nationally.

In Kent, women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

The proportion of people providing unpaid care in each age group is highest for both men and women in the 50 to 64 age range. 16.8% of men aged 50 to 64 and 23.5% of women aged 50 to 64 provide unpaid care.

**Chart 6: presents the proportion of unpaid carers by age and sex in Kent.**



In Kent, the highest proportion of unpaid care is by women aged 50 to 64 provide 1 to 19 hours of unpaid care with 16.5%, which is equal to 23,153 women.

Overall, more women provide 50 or more hours of unpaid care with 21,886 women and 13,899 men. However, men aged 65 and over have the highest proportion of 50 or more hours of unpaid care with 5.3%. However, this is equal to 6,044 men, which is lower than the number of women of the same age with 6,930.

**Table 6: Provision of unpaid care by general health by sex and age in Kent**

**Males - Numbers**

Age	Total males	Provides no unpaid care	Provides unpaid care			
			Provides unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All ages	702,058	639,110	62,948	41,386	7,663	13,899
Age 0 to 24	222,947	217,976	4,971	3,774	707	490
Age 25 to 49	230,293	211,733	18,560	12,378	2,666	3,516
Age 50 to 64	135,278	112,597	22,681	16,522	2,310	3,849
Age 65 and over	113,540	96,804	16,736	8,712	1,980	6,044

**Males - Percentage**

Age	Total males	Provides no unpaid care	Provides unpaid care			
			Provides unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All ages	100%	91.0%	9.0%	5.9%	1.1%	2.0%
Age 0 to 24	100%	97.8%	2.2%	1.7%	0.3%	0.2%
Age 25 to 49	100%	91.9%	8.1%	5.4%	1.2%	1.5%
Age 50 to 64	100%	83.2%	16.8%	12.2%	1.7%	2.8%
Age 65 and over	100%	85.3%	14.7%	7.7%	1.7%	5.3%

**Females - Numbers**

Age	Total males	Provides no unpaid care	Provides unpaid care			
			Provides unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All ages	733,687	645,523	88,164	55,609	10,669	21,886
Age 0 to 24	214,342	208,579	5,763	4,281	748	734
Age 25 to 49	240,755	209,675	31,080	18,845	4,000	8,235
Age 50 to 64	140,248	107,302	32,946	23,153	3,806	5,987
Age 65 and over	138,342	119,967	18,375	9,330	2,115	6,930

**Females - Percentage**

Age	Total males	Provides no unpaid care	Provides unpaid care			
			Provides unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All ages	100%	88%	12.0%	7.6%	1.5%	3.0%
Age 0 to 24	100%	97%	2.7%	2.0%	0.3%	0.3%
Age 25 to 49	100%	87%	12.9%	7.8%	1.7%	3.4%
Age 50 to 64	100%	77%	23.5%	16.5%	2.7%	4.3%
Age 65 and over	100%	87%	13.3%	6.7%	1.5%	5.0%

Source: 2011 Census, Table DC3301EW, Office for National Statistics (ONS) © Crown Copyright.

Presented by Business Intelligence, Research & Evaluation, Kent County Council

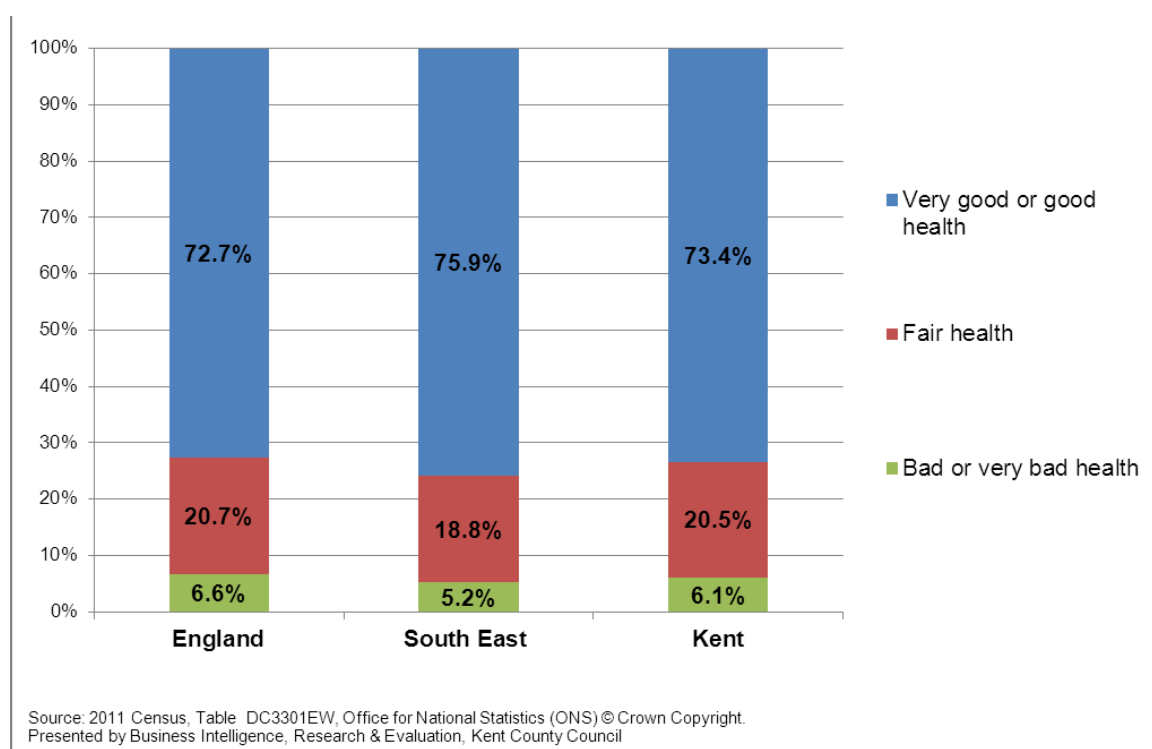


## Unpaid care and general health

In Kent, 110,923 people who provide unpaid care reported very good or good health, which is 73.4% of all unpaid carers. 30,992 people who provide unpaid care reported fair health, which is 20.5% of all unpaid carers.

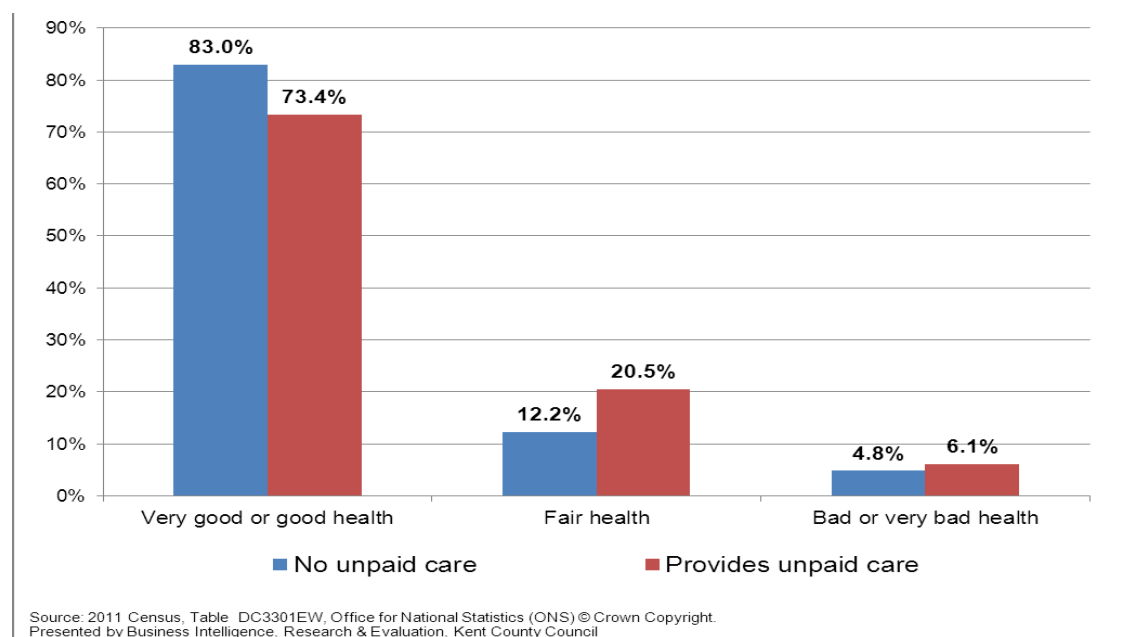
9,197 people who provide unpaid care reported bad or very bad health, which is 6.1% of all unpaid carers. This proportion is higher than for the region with 5.2% but is lower than the national figure of 6.6%.

**Chart 7: presents the general health of those who provide unpaid care in England, the South East region and Kent.**



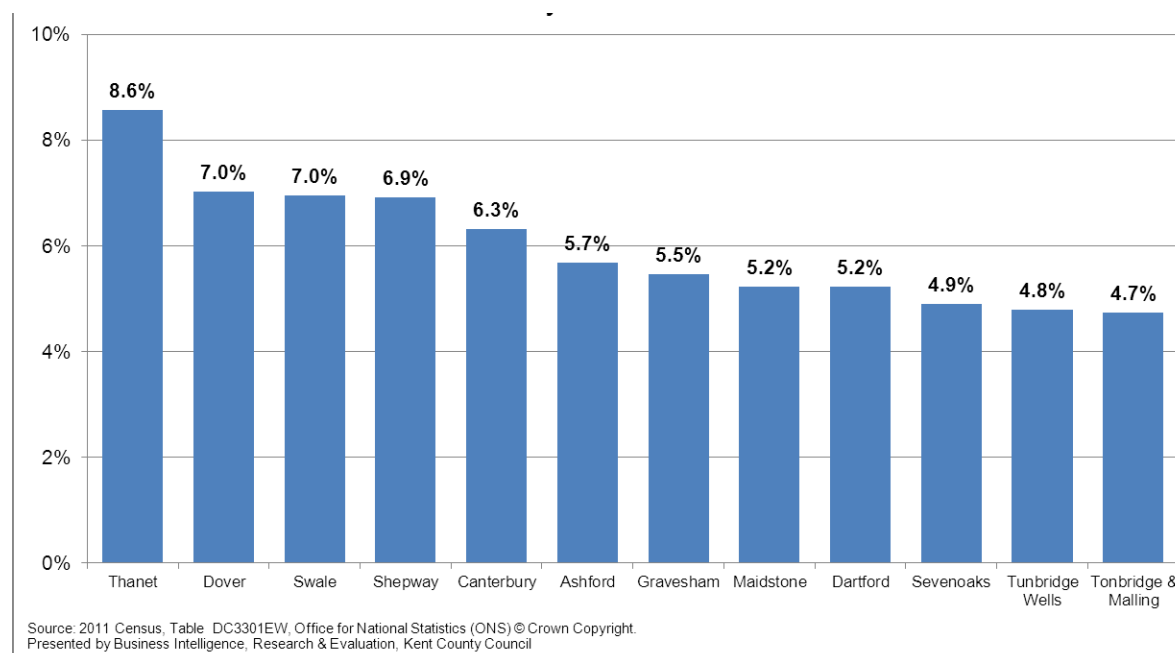
The health of people providing unpaid care is poorer than those who do not provide unpaid care. 6.1% of carers report bad or very bad health compared to 4.8% of people who do not provide care. Fewer people providing care report very good or good health. This is 73.4% for unpaid carers compared to 83.3% people who do not provide unpaid care.

**Chart 8: compares the general health of unpaid carers with that of people who provide no care.**



Within the Kent local authority districts, Thanet has the highest proportion of unpaid care with bad or very bad health with 8.6% or 1,325 unpaid carers. Tunbridge & Malling has the smallest proportion of unpaid care with bad or very bad health with 4.7% or 570 unpaid carers

**Chart 9: presents the proportion of those who provide unpaid care with bad or very bad health in Kent local authority districts**



**Table 7: presents the number and proportion of unpaid carers by general health in Kent local authority districts, the South East and England.**

	All people Number	Provides unpaid care: All health Number	Provides unpaid care					
			Very good or good health		Fair health		Bad or very bad health	
			Number	%	Number	%	Number	%
England	52,059,931	5,409,433	3,931,814	72.7%	1,121,659	20.7%	355,960	6.6%
South East	8,446,500	843,023	640,262	75.9%	158,671	18.8%	44,090	5.2%
Kent	1,435,745	151,112	110,923	73.4%	30,992	20.5%	9,197	6.1%
Ashford	116,993	11,811	8,685	73.5%	2,454	20.8%	672	5.7%
Canterbury	142,562	15,361	11,135	72.5%	3,255	21.2%	971	6.3%
Dartford	96,376	9,209	6,870	74.6%	1,858	20.2%	481	5.2%
Dover	109,462	12,603	9,008	71.5%	2,710	21.5%	885	7.0%
Gravesham	100,976	10,307	7,627	74.0%	2,117	20.5%	563	5.5%
Maidstone	152,445	15,488	11,656	75.3%	3,023	19.5%	809	5.2%
Sevenoaks	113,622	11,914	9,303	78.1%	2,027	17.0%	584	4.9%
Shepway	106,151	12,249	8,684	70.9%	2,718	22.2%	847	6.9%
Swale	133,380	14,178	10,042	70.8%	3,150	22.2%	986	7.0%
Thanet	131,755	15,453	10,440	67.6%	3,688	23.9%	1,325	8.6%
Tonbridge & Malling	119,401	12,032	9,290	77.2%	2,172	18.1%	570	4.7%
Tunbridge Wells	112,622	10,507	8,183	77.9%	1,820	17.3%	504	4.8%
Medway	259,988	24,952	18,042	72.3%	5,293	21.2%	1,617	6.5%
Kent & Medway	1,695,733	176,064	128,965	73.2%	36,285	20.6%	10,814	6.1%

Source: 2011 Census, Table DC3301EW, Office for National Statistics (ONS) © Crown Copyright.

Presented by Business Intelligence, Research & Evaluation, Kent County Council

### Unpaid carers by economic activity

Economically active people are defined as those people who are in employment and those people who are unemployed and are available to work.

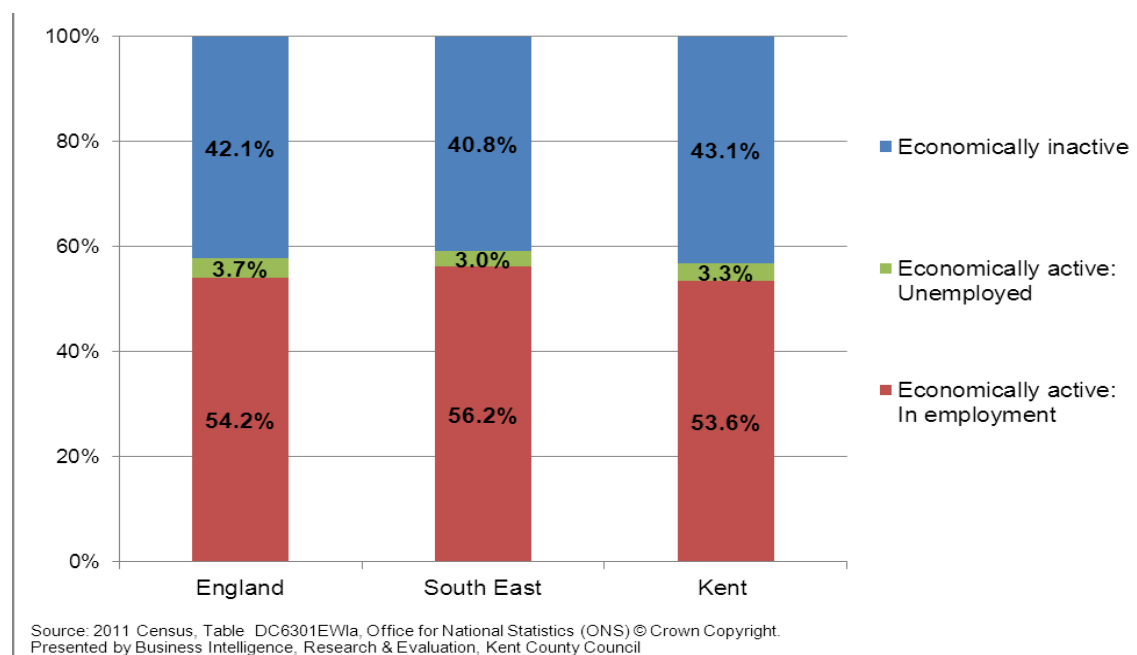
Economically inactive people are defined as those people who are not in employment or those people who are not available to work. This includes people who are retired, those looking after family, those who are long term sick and some students.

In Kent, 84,402 unpaid carers are economically active, which is equal to 56.9% of all unpaid carers. This is lower in Kent than the regional average of 59.2% and the national average of 57.9%.

Of the economically active unpaid carers in Kent, 79,484 unpaid carers are in employment, which is equal to 53.6% of all unpaid carers. 4,918 unpaid carers are unemployed, which is equal to 3.3% of all unpaid carers.

In Kent, 63,939 unpaid carers are economically inactive, which is equal to 43.1% of all carers. This is a higher proportion than the regional average of 40.8% and the national average of 42.1%.

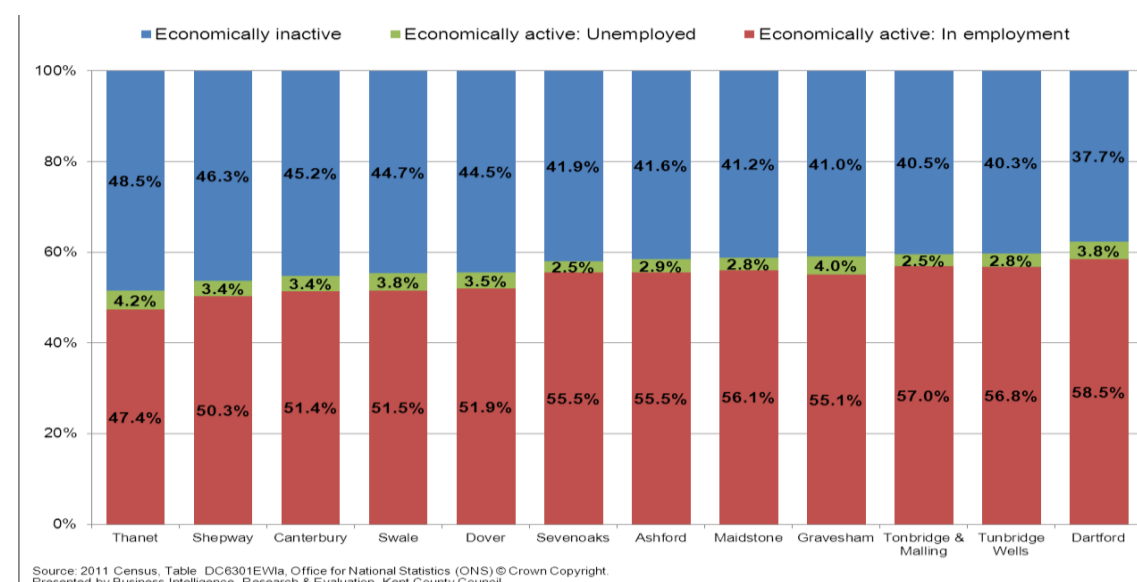
**Chart 10: presents the proportion of unpaid carers by economic activity in Kent, the South East and England.**



Within the Kent local authority districts, Thanet has the highest proportion of unpaid carers who are economically inactive with 48.5%, which is equal to 7,343 unpaid carers. Dartford has the smallest proportion of unpaid carers who are economically inactive with 37.7%, which is equal to 3,401 unpaid carers.

Thanet has the highest proportion of unpaid carers who are unemployed with 4.2%, which is equal to 633 unpaid carers. Sevenoaks and Tonbridge & Malling have the smallest proportion of unpaid carers who are unemployed with 2.5%. Tunbridge Wells has the smallest number of unpaid carers who are unemployed with 293 unpaid carers, which is equal to 2.8%.

**Chart 11 presents the proportion of unpaid carers by economic activity in Kent local authority districts.**



**Table 8: presents the number and proportion of unpaid carers by economic activity in Kent local authority districts, the South East and England.**

	ALL people who provide unpaid care	Economically active		Economically active: In employment		Economically active: Unemployed		Economically inactive	
	Number	Number	%	Number	%	Number	%	Number	%
England	5,318,593	3,078,961	57.9%	2,880,279	54.2%	198,682	3.7%	2,239,632	42.1%
South East	829,991	491,219	59.2%	466,364	56.2%	24,855	3.0%	338,772	40.8%
Kent	148,341	84,402	56.9%	79,484	53.6%	4,918	3.3%	63,939	43.1%
Ashford	11,557	6,751	58.4%	6,414	55.5%	337	2.9%	4,806	41.6%
Canterbury	15,252	8,362	54.8%	7,842	51.4%	520	3.4%	6,890	45.2%
Dartford	9,014	5,613	62.3%	5,270	58.5%	343	3.8%	3,401	37.7%
Dover	12,362	6,860	55.5%	6,422	51.9%	438	3.5%	5,502	44.5%
Gravesham	10,085	5,955	59.0%	5,554	55.1%	401	4.0%	4,130	41.0%
Maidstone	15,212	8,952	58.8%	8,533	56.1%	419	2.8%	6,260	41.2%
Sevenoaks	11,732	6,813	58.1%	6,517	55.5%	296	2.5%	4,919	41.9%
Shepway	12,019	6,455	53.7%	6,044	50.3%	411	3.4%	5,564	46.3%
Swale	13,853	7,665	55.3%	7,138	51.5%	527	3.8%	6,188	44.7%
Thanet	15,150	7,807	51.5%	7,174	47.4%	633	4.2%	7,343	48.5%
Tonbridge & Malling	11,784	7,011	59.5%	6,711	57.0%	300	2.5%	4,773	40.5%
Tunbridge Wells	10,321	6,158	59.7%	5,865	56.8%	293	2.8%	4,163	40.3%
Medway	24,372	14,288	58.6%	13,324	54.7%	964	4.0%	10,084	41.4%
Kent & Medway	172,713	98,690	57.1%	92,808	53.7%	5,882	3.4%	74,023	42.9%

Source: 2011 Census, Table DC6301EWla, Office for National Statistics (ONS) © Crown Copyright.

Presented by Business Intelligence, Research & Evaluation, Kent County Council

## Unknown carers

Recognising that there is an issue with identifying unknown carers, we commissioned a piece of research through Mosaic to help us identify communities which are more likely to have caring responsibilities.

Four characteristics believed to represent carers were selected:

- exclusively pensioner households
- households with an elderly relative – multi-generational families
- carers benefit claimants
- disabled benefit claimants

The population of Kent was compared to these characteristics. This identified in which communities these characteristics were most prevalent. This should identify types of communities where unknown carers may be found.

The districts which are more likely to have unknown carers are: Ashford, Shepway and Thanet.

## Current services in relation to need

The Kent Carers Strategy sets out the vision to take forward the plan for carers, working in partnership across Kent and written alongside carers. In Kent, we also have many groups and documents which support and represent carers and develop services for carers. These are groups such as:

- Kent Carers Collaborative: is a multi-agency stakeholder group that supports and oversees the development of Carers Services across Kent Carers Commissioning Group: is based on the commissioning wheel below. It is a countywide group made up of key commissioners in health and social care,

contracting departments, policy and Heads of Service leading the Kent Adult Carer Strategy Implementation Groups.

### Projected service use and outcomes in 3-5 years and 5-10 years

Although the number of older people who may become carers is increasing (often 'spouse' carers) and men are living longer, the number of people in one of the key population groups caring (sometimes called midlife caring) is not increasing as fast as the numbers likely to require care and in some cases, is decreasing. This is shown in the

following table, taken from KCC projections.

**Table 9: All persons aged 65 and over and females aged 40 to 59**

	All Persons aged 65 and over		Females aged 40 to 59	
	2011	2021	2011	2021
Ashford	20,800	28,200	17,600	20,300
Canterbury	28,100	32,600	17,900	17,300
Dartford	14,200	17,500	13,300	14,900
Dover	23,000	29,900	15,900	15,200
Gravesham	17,400	21,800	13,700	14,200
Maidstone	26,300	33,700	21,000	21,900
Sevenoaks	22,000	26,800	17,200	17,000
Shepway	22,500	28,800	14,100	13,500
Swale	22,900	29,700	18,400	18,600
Thanet	28,900	35,300	18,000	17,800
Tonbridge & Malling	20,500	25,800	17,600	18,300
Tunbridge Wells	19,300	23,700	15,600	15,500
<b>KCC Area</b>	<b>265,900</b>	<b>333,800</b>	<b>200,300</b>	<b>204,600</b>
Medway	37,000	47,300	35,700	34,100
<b>Kent</b>	<b>302,900</b>	<b>381,100</b>	<b>236,000</b>	<b>238,700</b>

Produced by Research & Intelligence, Kent County Council, Controlled to 2006 Mid-Year population Estimates and from then onwards the housing provision as set out in the Adopted South East Plan (as at May 2009).

This shows that the number of women aged 40 to 59 falls in Canterbury, Dover, Shepway and Thanet and marginally in Tunbridge Wells. These demographic changes may increase the stresses on carers.

### Demographic challenges by client group

#### Learning Disability

- 60 per cent of adults with learning disabilities live with their families and get most of their support and care from family members.<sup>1</sup>
- One third of adults with a learning disability living in the family home are supported by a relative over the age of 70.<sup>2</sup>
- Over 40 per cent of parents caring for a son or daughter with a learning disability are over the age of 60.<sup>3</sup>
- 30 per cent of children and adolescents with learning disabilities are cared for by a single parent, compared to 23 per cent of people without a learning disability.<sup>4</sup>
- Carers of adults with learning disabilities report 40 per cent more health-limiting problems than the general population. This is of particular importance as the number of elderly carers increases.<sup>5</sup>
- Eight out of ten of those caring for someone with learning disabilities have reached breaking point – an emotional and physical breakdown that leads to carers feeling that they cannot care for their son or daughter any more.<sup>6</sup>

The likely demographic changes identified mean that many people with learning disabilities are now living to an age when their parents are no longer able to support them. In addition to this, there is a reduction in the number of family carers who are able and willing to provide lifetime care for people with learning disabilities.

As a result of changes in demography and social changes, e.g. the fact that families and carers may not be willing to undertake caring duties into the adulthood of people with a learning disability, it is predicted that there will be an average increase in new entrants to services in the range of 3 to 6 per cent per annum between 2009 and 2026.

Parents may find it difficult to make the emotional adjustment to having a learning disabled child.

Caring for a person with learning disabilities can place considerable strain on carers and families, having an impact on emotional wellbeing, financial resources and relationships. The average annual cost of bringing up a child with a severe disability has been estimated at £7,355 (at least three times the cost of bring up a child without a disability). The majority of people with learning disabilities and many of their families are poor. Many families are unable to increase their income through paid work because of the demands of caring and/ or the lack of suitable childcare.

## **Older People**

The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50 per cent, to 1.9 million, over the next decade.

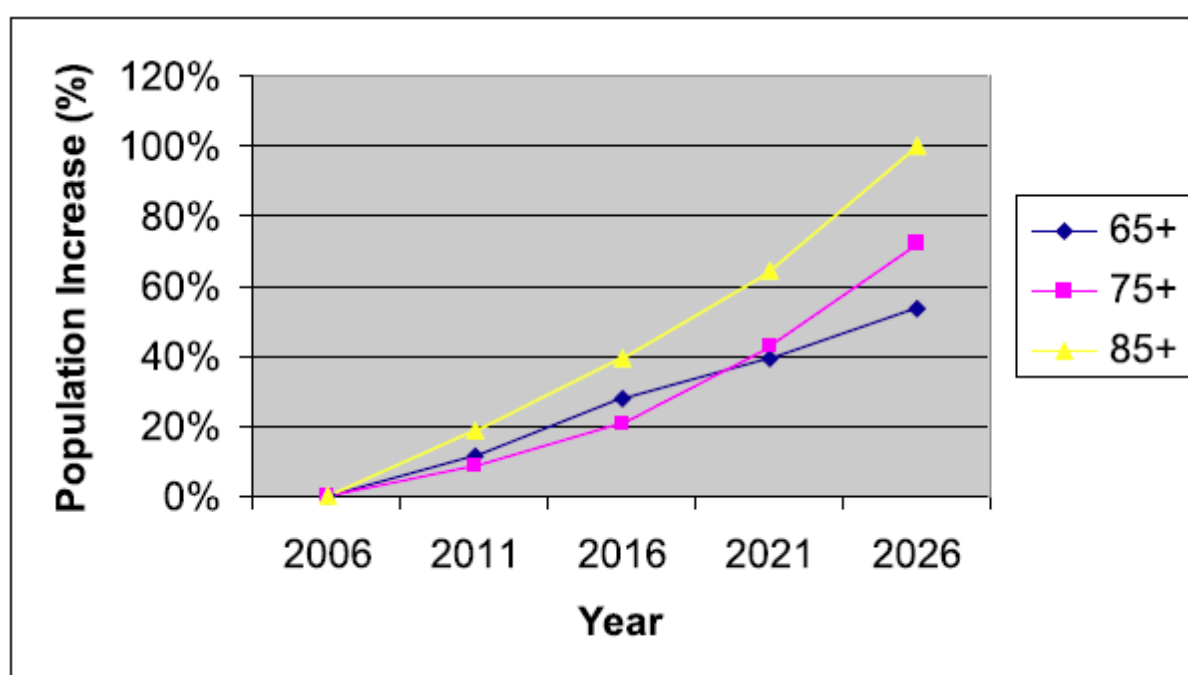
There will be a projected 1.6 million more adults in England with a care need by 2026 (a 30 per cent increase) and 2.9 million more by 2041 (50 per cent).

We know that there is likely to be a significant rise in the number of people aged 65 years and over in Kent in the next 15 years. This rise is proportionately larger than the rise in the numbers of people aged 18 – 64 years. In West Kent between 2011 and 2021, the projected increase in the number of females aged 40 – 59 years, the largest caring group, is less than 4 per cent, whereas the projected increase in the number of people aged 65 years and over is 25 per cent. In East Kent between 2011 and 2021, the projected increase in the number of females aged 40 – 59 years, the largest caring group is less than 17 per cent, whereas the projected increase in the number of people aged 65 years and over is 27 per cent.

We know that those over 50 are more likely to have poor health and that they are more likely to be caring for more hours as the cared for person ages. We also know that people are more likely to be caring for a spouse or partner of similar age.

This all has important implications for the continued viability of carers' capacity to continue in their role, which in turn will place further pressure on health and social care providers and drive up spend for Commissioners across PCTs and Councils. In a climate of financial uncertainty that requires more, not less, efficiency savings to be made, this will need to be considered carefully when planning future models of support for carers.

**Chart 12: Projected percentage increase of older people population in Kent 2006 – 2026**



## Dementia

Caring for someone who has dementia is a risk factor for depression. One third of people who care for someone who has dementia have depression.<sup>7</sup>

63.5 per cent of people who have dementia live at home with or without carers.<sup>8</sup>

The majority of older people who have dementia rely on unpaid care provided by friends, family and neighbours or do not receive any support at all. The carers are often older themselves.

This group of patients needs a wide range of support services to help them stay at home and give respite to carers. The large numbers living at home, set to rise with changing demography, present a challenge to statutory services and society as a whole. There is a need to both improve the level of existing services and plan additional support for growing numbers of sufferers, exacerbated by a dwindling availability of carers. It is



recommended that existing support for dementia sufferers in Kent is reviewed and plans developed to meet the growing needs.

The total number of people with dementia in the UK is forecast to increase to 940,110 by 2021 and 1,735,087 by 2051, an increase of 38 per cent over the next 15 years and 154 per cent over the next 45 years.<sup>9</sup>

There is a wealth of evidence that poor carer health is particularly associated with supporting older people with cognitive impairment. In a Carers Survey, conducted on behalf of Kent in 2008, carers who supported someone with dementia exhibited a worse social care related quality of life and a greater unmet need compared with carers of people with other needs, such as mental or physical disabilities.

## **Mental health**

Demand on mental health services in the next five years will be driven by changes in the number who need services. In other words, there will be more people who need services because the population is increasing, not because mental illness is itself becoming more common. The King's Fund report, 'Paying the Price' (2008) states that the, 'increase in numbers simply reflects the increase in population... Prevalence rates for all mental disorders within all age groups are likely to remain broadly stable'.

The number of people who meet the diagnostic criteria for mental disorder is greater than the number of people that use services. Future demand is therefore not as simple as a linear projection. If more services are available, more people can be treated. In mental health, better access, diagnosis or case finding can increase demand on services; for example, the following may lead to greater use of services:

- greater access to treatment for depression and anxiety
- speedier response to crisis in severe mental illness
- better diagnosis of disorders such as Adult Attention Deficit and Hyperactivity Disorder (ADHD).

More accessible and acceptable services may discover cases of previously unmet demand e.g. from people with untreated serious mental illness.

However, more effective care pathways (such as management of serious mental illness in primary and community care) have the potential to manage demand by providing timely and preventative interventions. The results of the National Psychiatric Morbidity Survey (PMS 2007) confirm that:

- the proportion of people meeting the criteria for at least one common mental disorder (including anxiety and depression) did not increase between 2000 and 2007 (although it increased from 1993 to 2000)
- the prevalence of alcohol dependence did not increase since 2000 (in fact it reduced for men)
- the prevalence of drug dependence was higher in 2000 than in 1993 but has not increased since
- there was no change in the prevalence of psychosis or personality disorder.

This confirms that prevalence rates for most disorders were stable. However:

- the number of people reporting self-harm increased
- the number of women reporting suicidal thoughts in the last year increased
- the percentage of women aged between 16 and 64 years old with a common mental disorder rose from 19.1 per cent in 1993 to 21.5 per cent in 2007, with the highest rate in the age 45-54
- these increases highlight future needs, which should be considered by commissioning strategies. The PMS 2007 also reported for the first time on problem gambling, which has not been raised by any stakeholders in this needs assessment. In this context, its inclusion can be seen as 'horizon-scanning' for potential future mental health need.

## **Housing**

Encouraging housing providers to work with other agencies will play a key role in helping services to be better joined up around a common agenda of prevention, personalisation, co-ordination and integration and will relieve a significant part of the stress on carers and those being supported. Specifically, work in the following areas could support carers:

- supporting people who are cared for to live in suitable accommodation which meets their housing needs
- developing information and advice on housing and related areas
- developing a single assessment process to promote joined-up health, housing care and benefits assessment.

## **Evidence of what works**

Our role is to ensure that carers are supported and have access to timely information; support to care, which can include short breaks; practical assistance; emotional support and help to maintain their own health. We have a role in ensuring that their voices are heard and that they are treated as partners in care. Much of the work with carers is delivered through numerous partnerships and some through grants, service agreements and contracts with the voluntary and independent sector.

Caring in Kent: Patterns and Profiles, evidence from the Kent lifestyle survey 2005, Centre for Health Studies, University of Kent and Kent County Council <http://kar.kent.ac.uk/2806/>

Census 2011, Office for National Statistics, taken from, Unpaid Care in England and Wales <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/art-provision-of-unpaid-care.html>

In The Know, Carers UK, 2010, taken from, Carers at the Heart of 21st Century Families and Communities, HM Government, Recognised, valued and supported: next steps for the carers strategy (Published 2010) <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>

Yeandle, S. et al., Carers, Employment and Services Study and Diversity Caring – towards equality for carers, for Carers 2012

<http://circle.leeds.ac.uk/files/2012/08/carers-uk-report-3.pdf>

**Census- Unpaid Care in England and Wales**

<http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/art-provision-of-unpaid-care.html>

Health and Social Care Information Centre: June 2013: **Personal Social Services Survey of Adult Carers in England: provisional report**

<http://www.hscic.gov.uk/catalogue/PUB10963>

**Department of Health: Recognised, valued and supported: next steps for the carers strategy** (Published 2010)

<https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>

KCC: **Carer Assessment and Support Services** (2013)

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/carers/carers%20service%20specification.pdf>

KCC: **Adult Carer's policy and Operational practice guidance** (2012)

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/carers/Carer's%20assessment%20policy%20and%20guidance.pdf>

**Carers UK: [The State of Caring 2013](#)**

<http://www.carersuk.org/professionals/resources/research-library/item/3090-the-state-of-caring-2013>

**Carers UK: Potential for Change: Transforming public awareness and demand for health and care technology** (2013)

<http://www.carersuk.org/professionals/resources/research-library/item/3272-potential-for-change-transforming-public-awareness-and-demand-for-health-and-care-technology>

**Carers UK: Supporting Working Carers** (2013)

<http://www.carersuk.org/professionals/resources/research-library/item/3260-supporting-working-carers>

**Carers UK: The Cost of Caring**(2011)

<http://www.carersuk.org/professionals/resources/research-library/item/2395-the-cost-of-caring>

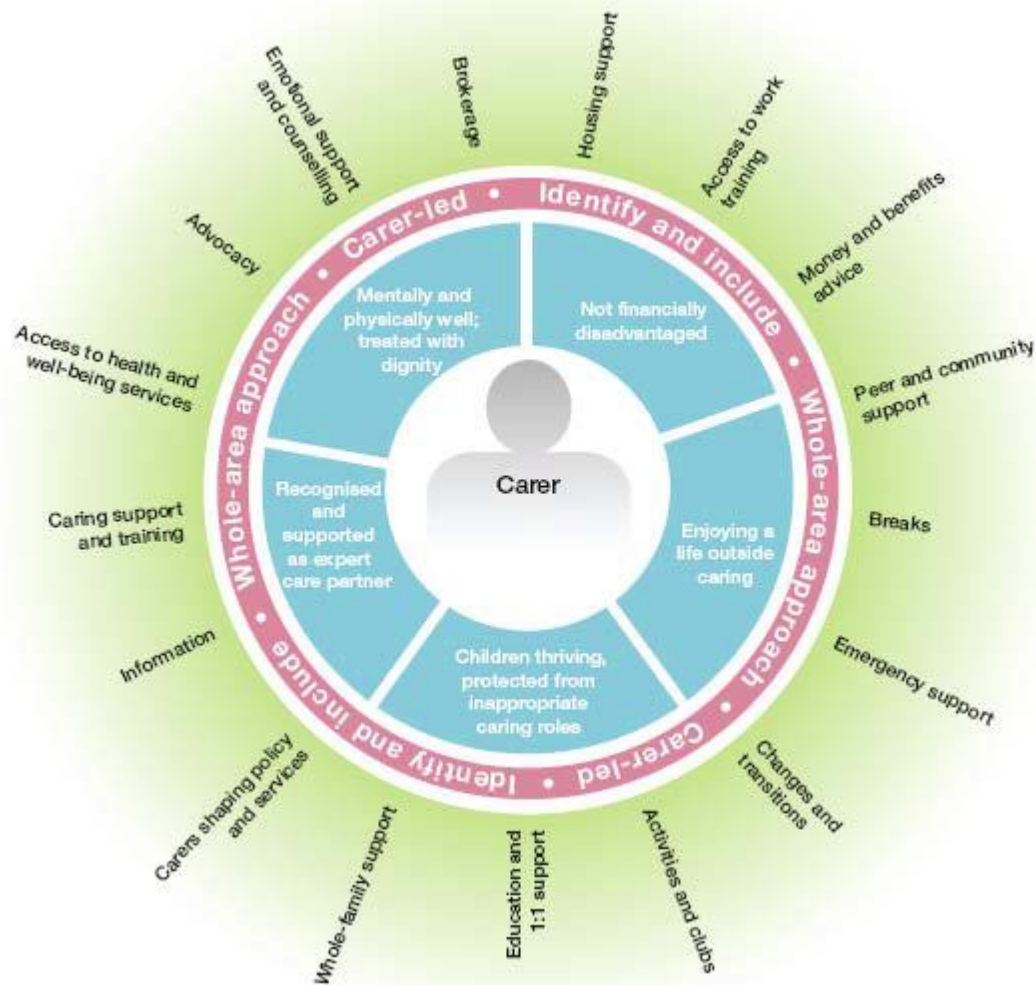
**Carers Trust - Princess Royal Trust for Carers** (2013) **Commissioning for Carers: key principles for clinical commissioning**

<http://static.carers.org/files/commissioning-for-carers-key-principles-for-ccgs-6809.pdf>

**Age UK (2012) In sickness and in health**

According to this survey two in five unpaid carers are sacrificing their own health, putting off medical treatment to care for an ill or disabled loved one. The survey completed by 3,400 carers across the UK, showed that caring had a negative impact on 83% of carers' physical health, with 36% of carers sustaining a physical injury (such as back pain) through caring.

**Chart 13: Carers Commissioning Wheel**



This is the commissioning model for Kent's Carers which is being delivered by the Carers Joint Commissioning Group.

The view of all partners in Kent is that the approach towards carers should be based on the principal that carers are the main providers of community care and should be supported in their role. The costs and special values of the care they provide, which includes personal and emotional support, treatment and 24-hour supervision, could never be replaced by health and community care services. We cannot underestimate carers' contribution to society. If carers were to give up providing the care and support they offer it would be akin to losing the whole of the NHS in England.

Our role is to ensure that carers are supported and have access to timely information; support to care, which can include short breaks; practical assistance; emotional support and help to maintain their own health. We have a role in ensuring that their voices are heard and that they are treated as partners in care. Much of the work with carers is delivered through numerous partnerships and some through grants, service agreements and contracts with the voluntary and independent sector.

A 2007 Carers Employment and Services study commissioned by Carers UK from the

University of Leeds showed that caring was strongly associated with poverty and that 40 per cent of full-time carers would prefer to be working. Many people are working only part-time in low paid jobs because of caring roles.

## **Engagement**

The development work conducted by the PSSRU included exploratory group interviews with adult carers, young carers and care managers, to identify carers' needs and outcomes, experiences of support and social care services and views about quality and process factors associated with variation in service quality.

- Services which support carers can and do positively impact on the lives of carers.
- Indeed, just being recognised by social services as a carer is associated with having a better quality of life
- Services have a role to play in many aspects of carers lives, but the areas which future development of services needs to focus on are: helping carers have control over their daily lives; helping carers spend time the way they want to and helping carers to feel supported and encouraged
- The future development of services for carers needs to concentrate on helping two broad groups of carers: those who have their own health problems or a disability and those for whom the caring role is particularly intensive, for example, living with the person they care for, or spending over 100 hours a week engaged in caring
- Carers who look after somebody with dementia offer a particular challenge to the future development of carers' services. Whilst they, as a group, tend to rate the quality of services more highly than other carers, they also report a worse quality of life
- Carers' experiences of services suggested that areas most in need of improvement were: how easy it was to find information and how easy it was to get services for both the carer and the person they cared for
- The results suggested that carers needed to be more involved in the discussions about the services provided for the person they cared for
- An area for improvement was how services deal with sudden changes, both in terms of reacting to changes in the needs of carers and the person they care for and in terms of keeping carers informed of last minute changes to the provision of services
- The majority of carers felt that both they and the person they cared for were treated with dignity and respect by care workers. Most also felt the level of services they received was about right.

<b>Unmet needs and service gaps</b>
-------------------------------------

Due to the nature of caring, as previously described, many carers do not self declare and consider their 'caring role' to be just a part of being a mother, father, sibling, wife, husband, partner or friend. Once again, this makes collecting data problematic and impacts upon the amount of data held both locally and nationally.

There is very little carers' population data available since the 2001 Census, therefore, much of the data used is either nine years old or estimates based upon population

projections from 2007. Some national data has been extrapolated to make comparisons in Kent and in order to enable more meaningful analysis of districts within the KCC area.

### **Recommendations for Commissioning**

Particular attention should be paid to:

1. Supporting carers of those with dementia.
2. Supporting carers who are elderly and/ or have their own health needs and for whom the caring role is particularly intensive, for example living with the person they care for, or spending over 100 hours a week caring.
3. Supporting carers within new emerging BME communities.
4. Ensuring easy access to information, advice and guidance for both known and unknown carers, particularly in deprived areas.
5. The predicted decline of female 'mid-life' carers when developing services for the future.

### **Recommendations for needs assessment work**

Developing mechanisms for accessing carers' data at a county and local level.

Data and Intelligence: paucity of data is an area that needs attention. There is very little data held in relation to carers since the 2001 Census. There is a distinct lack of data held about carers in relation to the client groups which they support and at a local level. This has made developing a needs assessment problematic.

Unknown Carers: there are still many people who do not identify themselves as a carer, despite providing an intensive level of support for someone. This report acknowledges and supports the work already taking place to find ways of identifying carers and providing information to carers in such a way that it reaches those who are caring but do not consider themselves a 'carer'.

The Mosaic analysis of unknown carers' types could be used to help tackle the issue of unknown carers further. Based on research from Mosaic, some of those districts with high levels of known carers may also have a large number who are unknown, such as Thanet, Shepway and Dover, which have over 26 per cent of their population classified as belonging to one of the unknown carers' types.

### **Key contacts**

Stephen Lusk – Commissioning Officer – Carers  
Tahsina Rahman – Commissioning support assistant – Carers

### **References**

1 Fitzpatrick, J and Wood, A (2007) Short Breaks: Supporting family carers and people with learning disabilities to have short breaks that work for them, Paradigm/Valuing People Support Team, page 6

<sup>2</sup>Mencap (2002), The Housing Timebomb, page 5

<sup>3</sup>Mencap (2002), The Housing Timebomb, page 5

<sup>4</sup>Emerson and Hatton (2007) The Mental Health of Children and Adolescents with Learning

Disabilities in Britain, Lancaster University/ Foundation for People with Learning Disabilities, page 8

<sup>5</sup> Learning Disability Needs Assessment Kent, June 2010, page 45

<sup>6</sup> Mencap (2006) Breaking Point, Mencap page 5.

<sup>7</sup>Improving services and support for older people with mental health problems, the second report from the UK Inquiry into Mental Health and Well-being in Later Life, Age Concern, 2007

<sup>8</sup> Dementia UK: Full Report, Age Concern, 2007

<sup>9</sup> Dementia UK: Full Report Alzheimer's Society